

# **EXHIBIT B**

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
06/05/01

## PRODUCER

Allied North America Insurance  
 Brokerage Corp. of New York  
 390 North Broadway  
 Jericho, NY 11753

INSURED  
 G.M. Crocetti, Inc.  
 3960 Merritt Avenue  
 Bronx, NY 10466

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
 ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE  
 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

INSURER A: Lumbermen's Mutual Casualty Co.  
 INSURER B: Pennsylvania General Ins. Co.  
 INSURER C: Ohio Casualty Group  
 INSURER D: State Insurance Fund  
 INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTH	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	GENERAL LIABILITY  <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	4LS00175900	03/31/00	03/31/02	<table> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$1,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	FIRE DAMAGE (Any one fire)	\$50,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$1,000,000
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B	AUTOMOBILE LIABILITY  <input checked="" type="checkbox"/> ANY AUTO  <input type="checkbox"/> ALL OWNED AUTOS  <input checked="" type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> NON-OWNED AUTOS	OJAP15148	03/31/01	03/31/02	<table> <tr><td>COMBINED SINGLE LIMIT (EA accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (EA accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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AGG	\$																
C	EXCESS LIABILITY  <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE  <input checked="" type="checkbox"/> RETENTION \$10000	BX00252693548	03/31/01	03/31/02	<table> <tr><td>EACH OCCURRENCE</td><td>\$10,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$10,000,000</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$10,000,000	AGGREGATE	\$10,000,000		\$		\$		\$		
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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12503579	05/01/01	05/01/02	<table> <tr><td>X</td><td>WC STATU- TORY LIMITS</td><td>OTH- ER</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>sCert To</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>sFollow</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>sFrom SIF</td><td></td></tr> </table>	X	WC STATU- TORY LIMITS	OTH- ER	E.L. EACH ACCIDENT	sCert To		E.L. DISEASE - EA EMPLOYEE	sFollow		E.L. DISEASE - POLICY LIMIT	sFrom SIF	
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	OTHER																

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Baruch College Site B Package No. 2 General Construction Work Contract  
 No. 16

Foregoing per policy form. Additional Insured status encompasses General Liability: Trataros Construction, Baruch College, D.A.S.N.Y., C.U.N.Y., TDX Construction Corp., The City University Construction Fund.

## CERTIFICATE HOLDER

## ADDITIONAL INSURED/INSURER LETTER:

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

## AUTHORIZED REPRESENTATIVE

*Henry C. Lohal* Except 10 days  
 for Non-payment of Premium

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